

GRADUATION CONTRACT – Associate Degree After completing this form and obtaining the appropriate signatures, return it to the Records & Advisement Office

PERSONAL INFORMATION – Please print clearly			ACADEMIC INFORMATION – For Student and Adviser			
Name I.D. # Local Phone # Cell Phone E-Mail Address			Student: By checking these boxes, I acknowledge that I am responsible for meeting ALL graduation requirements as stated in the university catalog. Adviser: By checking these boxes, I confirm that the student has completed the following graduation requirements.			
Major(s) 1	2		Requirements		Student	Adviser
Degree(s) Catalog Year hours and F YOUR DIPLOMA NAME: Print your name exactly as you want it to appear on your diploma. Use upper and lower case letters and accent marks (if applicable). First Middle Last Suffix I plan to graduate in: □ December □ May • One Service				Nursing majors need 69 apy majors need 92 hours on GPA of 2.00; Refer to major GPA general education and tal credit requirements. one Service Level 2 or 3 ayears prior to 2011-2012)	☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ Yes ☐ Yes ☐ Yes ☐ Yes
SENIOR CLASS SCHEDULE	∑ – Are you takin	g any classes off campus?	* • Yes • No If yes, whi	ch semester(s)? ☐ Fall ☐	☐ Winter ☐	Summer
Course # & Title Fall Sem./Year	Credits	Course # & Title Winter	Sem./Year Credits	Course # & Title Summer	Session/Year	Credits
					Total	Hours
				*Home Study/Off-Campus (Course Title	College/University
By signing this contract, all parties confirm the information is correct to the beautiful description.		st of their knowledge. Any chan				
Director of Records & Advisement, a	•			sst. Dir. of Records:		Date: